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FILED
May 01, 2002 8:00 am
Secretary of State

03-28-2002 90004 026 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050703

1. Entity Name

GOLD AND HOLLANDER, P.A.

26326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
319 CLEMATIS STREET	319 CLEMATIS STREET
Suite, Apt. #, etc.: SUITE 800	Suite, Apt. #, etc.: SUITE 800
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. FEI Number 65-1121218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TED HOLLANDER

Street Address (P.O. Box Number is Not Acceptable): 319 CLEMATIS, SUITE 800

City: WEST PALM BEACH FL Zip Code: 33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] DATE: 3-1-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: MARK S. GOLD STREET ADDRESS: 319 CLEMATIS STREET, SUITE 800 CITY-ST-ZIP: WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VIP/SECRETARY/TREASURER NAME: TED HOLLANDER STREET ADDRESS: 319 CLEMANTIS STREET, SUITE 800 CITY-ST-ZIP: WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3-1-02 (954)522-5926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #